



TRICARE Regional Office - West

## Military Treatment Facility (MTF) Profile

Data as of: **FY10Q1**

### MTF Information

<b>MTF:</b>	Mike O'Callaghan Federal Hospital-99 <sup>th</sup> MED GRP		
<b>COMMANDER:</b>	Col Christian Benjamin		
<b>MTF LOCATION:</b>	Las Vegas, NV	<b>INSTALLATION/BASE:</b>	Nellis AFB
<p>Mike O'Callaghan Federal Hospital (MOFH) is located in Las Vegas, NV</p> <p>Address: Mike O'Callaghan Federal Hospital 4700 North Las Vegas Blvd Nellis AFB NV, 89191-6601</p> <p>Tel: (702) 653-2000</p>			
<b>MTF HOMEPAGE:</b>	<a href="http://www.lasvegas.va.gov/facilities/Mike_O_Callaghan_Federal_Hospital.asp">http://www.lasvegas.va.gov/facilities/Mike_O_Callaghan_Federal_Hospital.asp</a>		
<b>MTF GENERAL INFO/SERVICES:</b>	Joint DoD/VA Facility		

The 99th Medical Group is comprised of approximately 720 personnel who are dedicated to providing preventive, emergency and acute care services for approximately 22,000 active-duty members and their dependents. Health care services are also provided directly or coordinated for over 40,000 retirees, their dependents or other eligible beneficiaries on a space-available basis.

Members of the 99th MDG host a 114-bed medical treatment facility in a joint venture project with the Department of Veterans Affairs. The Air Force provides executive oversight of the facility staffs all outpatient activities and manages 62 of the beds for Department of Defense beneficiaries. The VA manages 52 beds and provides care for VA inpatients admitted from the hospital emergency room and the VA Ambulatory Care Center in Las Vegas, NV.

The **Mike O'Callaghan Federal Hospital** -- general information number **(702) 653-2273** -- opened August 1994 and now provides the following services: aerospace medicine, allergy, anesthesia, audiology, blood bank services, cardiology, cardiopulmonary lab, dermatology, emergency services, endodontics, ENT, family advocacy, family practice, gastroenterology, general dentistry, general surgery, geriatrics, health promotions, immunizations, internal medicine, interventional CT, laboratory, mammography, MRI, neurology, nuclear medicine, nutritional medicine, obstetrics/gynecology, occupational medicine, ophthalmology, optometry, oral maxillofacial surgery, orthopedics, pain clinic, pastoral care, pathology, pediatrics, periodontics, pharmacy, physical exams, physical therapy, plastic surgery, podiatry, prosthodontics, psychiatry, psychology, public health, pulmonology, radiology, same day surgery, social work, substance abuse, ultrasound and urology.

**MTF UNIQUENESS/BEST PRACTICES:**

The Mike O'Callaghan Federal Hospital at Nellis AFB is pleased to announce it was selected as one of 5 AF MTFs in the country to participate in the joint DoD/VA Disability Evaluation System (DES) pilot project. Nellis was selected for the pilot project based on its vision of transitioning to a world-class model for federal healthcare partnerships. This 104-bed joint AF/VA facility, located in Las Vegas, NV, stood up the DES on 1 Apr 09.

DES consolidates the disability rating systems of the DoD and VA, and includes a single, comprehensive medical examination that results in a single-source disability rating used by both departments. Under the program, Wounded Warriors undergoing a medical evaluation board will be notified of both their DoD and VA entitlements prior to separation from the military. The transition from DoD to VA care should be seamless and there should be no lapse in coverage. Questions about this exciting new joint DoD/VA venture can be directed to Maj James Combs, at 702.653.2570 or email [james.combs@nellis.af.mil](mailto:james.combs@nellis.af.mil).

Nellis AFB also provides management and oversight of the medical aid station located in nearby Creech AFB.

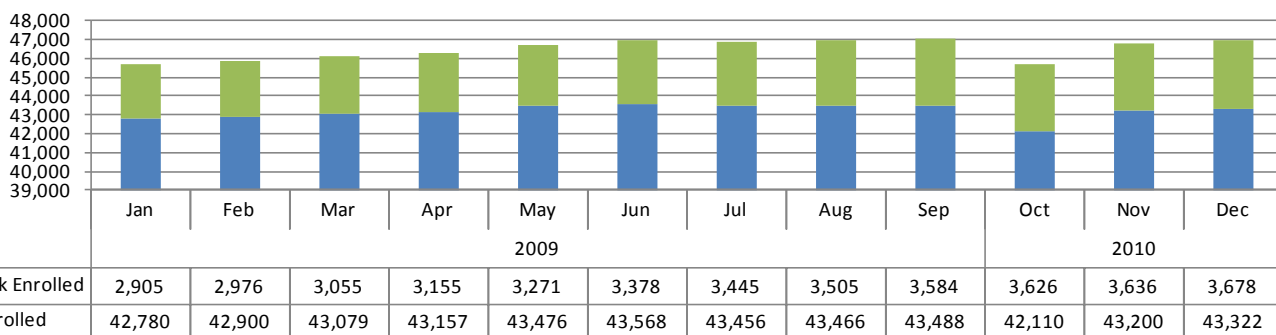
The Mike O'Callaghan Federal Hospital is a joint VA/DOD facility.

**MTF COMMANDER CONCERNS:**

- Nellis has significant space constraints. They are working with the VA to expand services via external community based clinics in the Las Vegas valley.
- They have concerns about the ROFR process and how best to work with the MCSC to fully optimize MTF resources.

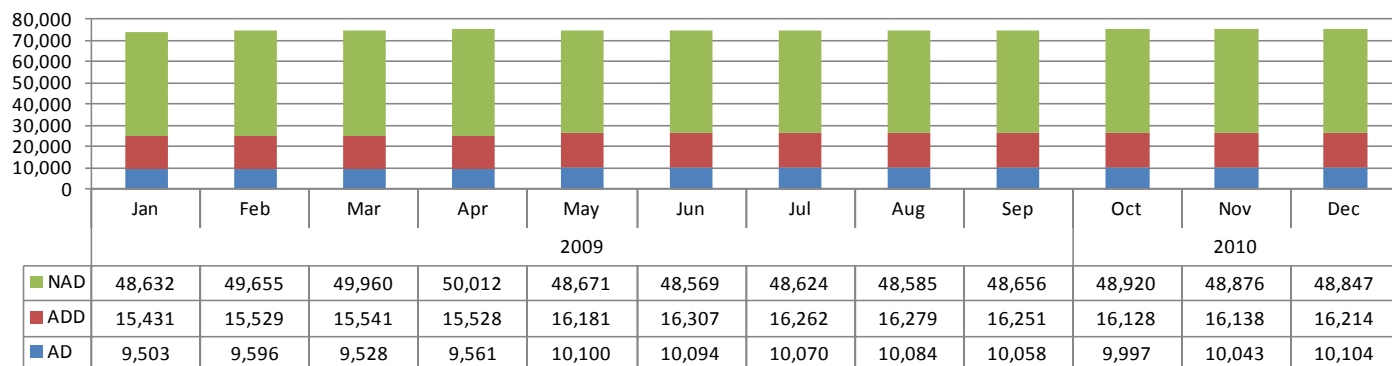
## DEMOGRAPHICS

### PRIME ENROLLMENT



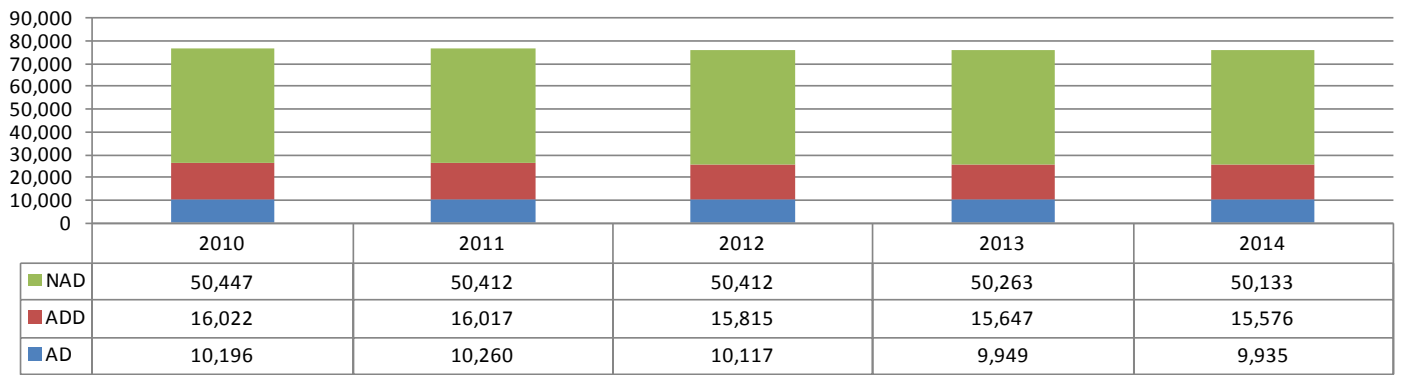
The enrollment categories are based off of the Alternate Care Value (ACV) Group in M2. MTF Enrolled are those enrolled to the Parent MTF DMIS ID within its Prime Service Area (PSA) and displayed for a rolling 12 months. MTF Reliant are those enrolled to an Operational Forces DMIS ID, or Active Duty not enrolled. The Network Enrolled is comprised of those enrolled to the MCSC and to TRICARE Prime Remote within the Market Area of interest.

### ELIGIBLES-40 MILE AREA



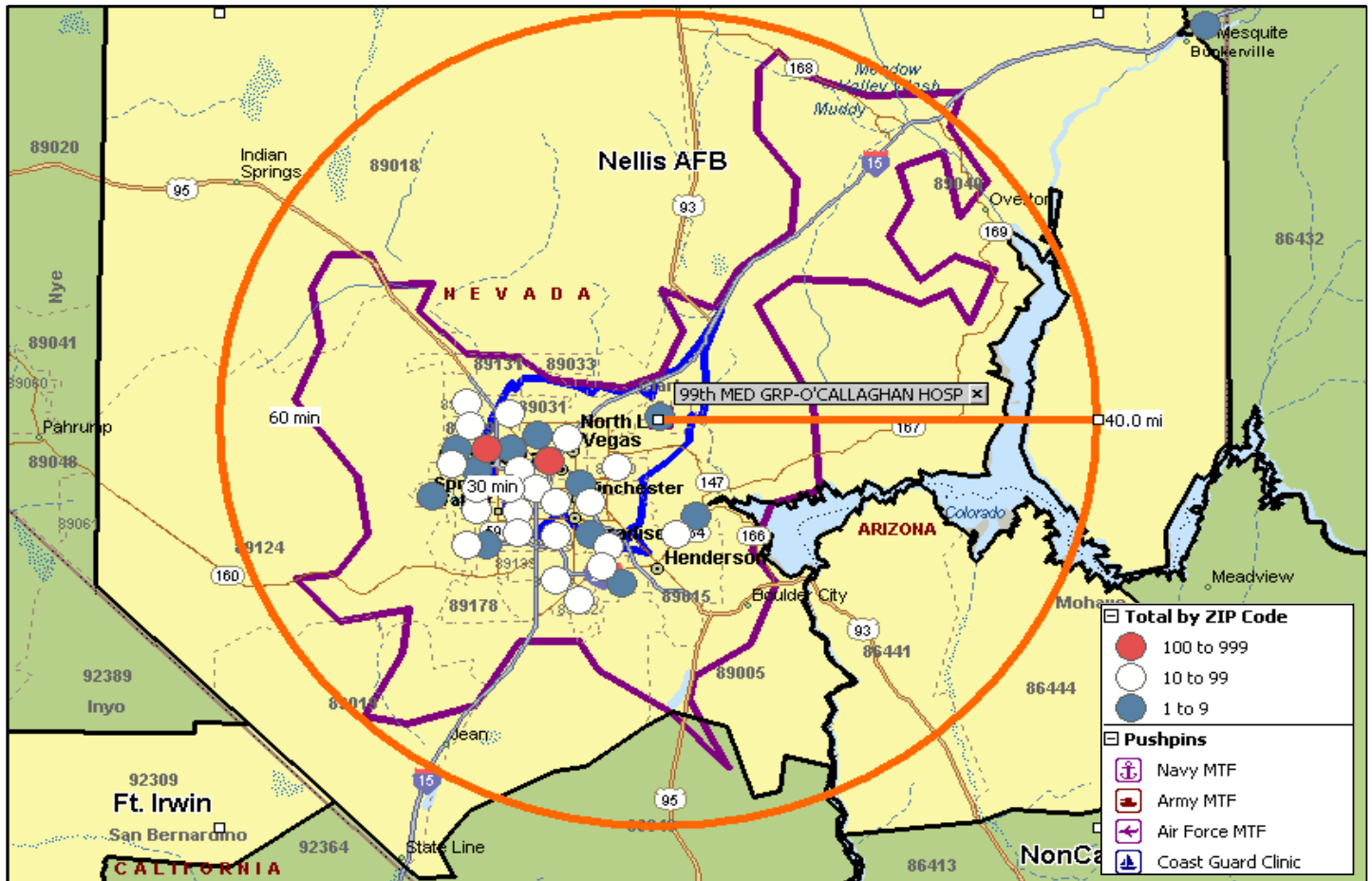
Eligible numbers are based on either the Catchment Area (40-mile concept) if the MTF is a hospital or Provider Requirements Integrated Specialty Model (PRISM) (20-mile concept) if the MTF is a clinic. The beneficiary category is broken out by AD – Active Duty, ADD – Active Duty Dependent, and NAD – Non-active Duty (retirees, retiree dependents, survivors, and others). Data is displayed for a rolling 12 month period. Those enrolled to the Uniformed Services Family Health Plan (USFHP) are not included.

## PROJECTED POPULATION-40 Mile Area



Projected eligible numbers are based on either the Catchment Area (40-mile concept) if the MTF is a hospital or Provider Requirements Integrated Specialty Model (PRISM) (20-mile concept) if the MTF is a clinic. The beneficiary category is broken out by AD – Active Duty, ADD – Active Duty Dependent, and NAD – Non-active Duty (retirees, retiree dependents, survivors, and others).

## PRIME SERVICE AREA (PSA) MAP



**Total Referrals with a Care Rendered Claim (Requesting MTF: 99<sup>th</sup> Med Group)**

**Medium Blue Line:** 30-Minute Drive Time

**Purple Line:** 60-Minute Drive Time (Specialty)

**Orange Circle:** 40-Mile Catchment Area

Yellow Shade: Prime Service Area

# ACCESS TO CARE

## NETWORK ADEQUACY REPORT (NAR) (1)

NAR Specialty (2)	GMENAC FTEs Needed (4)	MTF Providers *	Baseline Network FTEs Needed (5)	Network Providers Available	Change in Network Providers from Previous Quarter	False Shortfall (6) of Network Providers	True Shortfall (7) of Network Providers	Network Providers Needed (8)
Allergy and Immunology	0.48	0	3.84	5	0			0
Anesthesiology	4.834	14	0	229	4			0
Cardiology	1.854	2.8	0	100	0			0
Dermatology	1.652	1.4	2.01	29	2			0
Endocrinology	0.477	0	3.82	12	0			0
Gastroenterology	1.549	1.4	1.19	36	4			0
General Surgery	5.546	11.9	0	43	2			0
Hematology/Oncology	2.177	0	17.41	49	-2			0
Infectious Diseases	0.529	0.7	0	14	1			0
Mental Health Counselor	3.827	0	30.61	77	11			0
Nephrology	0.653	0.7	0	25	1			0
Neurological Surgery	0.633	0	5.07	11	1			0
Neurology	1.272	1.4	0	36	2			0
Obstetrics & Gynecology	5.576	10.5	0	122	20			0
Ophthalmology	2.752	1.4	10.81	67	3			0
Orthopedic Surgery	3.51	4.9	0	30	2			0
Otolaryngology	1.912	1.4	4.09	21	0			0
PCMs (3)	1.678	27.3	23.97	492	25			0
Physical Medicine and Rehabilitation	0.754	0	6.03	23	0			0
Plastic Surgery	0.634	1.4	0	2	0			0
Psychiatry	1.913	9.8	0	14	-1			0
Psychology	3.827	5.6	0	23	0			0
Pulmonary Diseases	0.841	0.7	1.13	26	-1			0
Radiology	4.208	4.9	0	132	4			0
Rheumatology	0.404	0	3.23	8	0			0
Thoracic & Cardiovascular Surgery	0.488	0	3.9	22	1			0
Urology	1.84	2.1	0	36	3			0
Total NAR Specialty Network Providers in PSA: 1,684			Total Network Providers in PSA: 2,529					

(1) Network Adequacy Report (NAR) reported by MCSC on a quarterly basis. The lack of shortfalls does not necessarily mean there aren't access issues; some Prime beneficiaries may reside outside the drive-time access standards of some providers within the PSA.

(2) NAR Specialties are the specialties selected by the TRO-W to be monitored for network adequacy. Often, more than one HIPAA taxonomy code maps to a NAR specialty. There are other network specialists in the PSA with specialties which are not listed here.

(3) Primary Care Managers (PCMs) are Internists, Family/General Practitioners, Pediatricians, OB/Gynecologists, Physician Assistants, Nurse Practitioners, Certified Nurse Midwives, and other network providers who agree to enroll TRICARE beneficiaries.

(4) GMENAC (Graduate Medical Education National Advisory Committee) FTEs Needed are calculated differently for PCMs and other NAR specialties (non-PCMs): For PCMs, it is equal to the number of TRICARE beneficiaries enrolled to the network in the PSA times the physician to network enrolled bene (GMENAC) ratio. The GMENAC ratio for PCMs is one provider for every 2,000 enrolled. For non-PCMs, it is equal to the number of TRICARE beneficiaries in the PSA (enrolled and non-enrolled) times the GMENAC ratio for the NAR specialty. Each NAR specialty has a different GMENAC ratio.

(5) Baseline Network FTEs Needed are calculated differently for PCMs and other NAR specialties (non-PCMs): For PCMs, it assumes an availability factor of 7%. It is equal to the "GMENAC FTEs Needed" divided by the availability factor of 7%. It does not subtract "MTF FTEs Available", because the population analyzed includes only those enrolled to the network, not those enrolled to the MTF. For non-PCMs, it assumes an availability factor of 12.5%. It is equal to the ("GMENAC FTEs Needed" minus "MTF FTEs Available") divided by the availability factor of 12.5%. If the result is negative, it is set to zero.

(6) False Shortfall: Flagged if the number of available network providers is less than what is needed and all the available providers in the PSA are either contracted or there are no providers in the area.

(7) True Shortfall: Flagged if the number of available network providers is less than what is needed and there are available providers in the PSA to contract, although they may be unwilling to sign up.

(8) Shows a positive number of network providers needed only when there is a true shortfall.

\*Due to other responsibilities, MTF Providers are counted as .7. Currently the MTF Provider Column contains Residents at teaching facilities. These will be removed in the future to show a more accurate picture of the available provider staff at the MTF.

## MTF AND NETWORK ENROLLED AVAILABILITY (OR EXCESS)

MTF and Network Enrollment Availability (or Excess)							
Time Period	MTF Enrollment Capacity <sup>1</sup>	Network Enrollment Capacity <sup>2</sup>	Combined MTF and Network Enrollment Capacity	MTF Enrollment <sup>3</sup>	Network Enrollment <sup>4</sup>	Combined MTF and Network Enrollment	MTF and Network Availability (or Excess)
Current	44,250	101,878	146,128	43,322	3,678	47,000	99,128
FY2010 Projection	44,250	101,878	146,128	41,226	3,678	44,904	101,224

<sup>1</sup>Current MTF enrollment capacity from TRICARE Operations Center (TOC) "CHCS PCM Capacity and Assignment Report" for main facility and those child clinics within the Prime Service Area - not outlying child clinics. Projected MTF enrollment capacity is straight-lined. (In the future this will be reported from MTF Assessment.)

<sup>2</sup>Current and projected network enrollment capacities as assessed by the MCSC for the entire Prime Service Area (PSA) to include TRO-W's current and projected network enrollments from M2.

<sup>3</sup>Current MTF enrollment from M2 TRICARE Relationship Detail Table (includes TRICARE Plus beneficiaries). Projected MTF enrollment from MTF Business Plans.

<sup>4</sup>Current network enrollment from M2. Projected network enrollment is straight-lined.

- Primary Care Access and Network Concerns
  - There is an adequate number of PCMs in this PSA.
- Specialty Care Access
  - There are no shortfalls.
  - There are no concerns regarding access to specialty care.

## MTF AND NETWORK ENROLLED RIGHT OF FIRST REFUSAL

DMIS Area	0079 NELLIS AFB						
Enrolled DMIS	(All)						
URGENT_IND	N						
Count of TAU_REFERENCE_NUMBER	NOTE						
SPECIALTY	Accepted	Active Decline	Declined Not Specified	Not Appropriate	Passive Decline	Grand Total	
Clinic/Center- Radiology		12	4	1	1	18	
Internal Medicine- Cardiovascular Disease	11	3	1	1	1	17	
Internal Medicine- Gastroenterology	2	6	3	2	4	17	
Multi-Specialty	93	80	14	10	19	216	
Obstetrics & Gynecology	24	8	2	1	2	37	
Ophthalmology	31	12	3	3	1	50	
Orthopaedic Surgery	10	8		1	3	22	
Otolaryngology	15	9	2			26	
Physical Therapist	2	16	3		1	22	
Psychiatry & Neurology- Neurology	15	7	2	2	2	28	
Urology	10	5	1	1	2	19	
<b>Grand Total</b>	<b>213</b>	<b>166</b>	<b>35</b>	<b>22</b>	<b>36</b>	<b>472</b>	

Right of First Refusal (ROFR) reports are a contractually required report received by the individual MTF for their site only and the TRO-W for all MTFs in the West Region. TriWest provides this report monthly on the Government Web Portal. The ROFR report show how many referrals were accepted or declined by the nearest MTF for care. The above table shows the Top Ten Provider Specialties by the number of non-urgent referrals that were ROFR'd to 99<sup>th</sup> Med Group-Nellis during FY10Q1.

Accepted: MTF accepted the referral within the 24 hours for routine care.

Active Decline: MTF declined the referral within the 24 hours for routine care.

Declined Not Specified: MTF declined either passively or actively, but MCSC did not correctly enter the resolution of the ROFR for the system to identify.

Not Appropriate: A referral was sent for review that did not meet the criteria for ROFR, or the ROFR process was used incorrectly.

Passive Decline: MTF did not accept or reject the referral within the 24 hours for routine care and the MCSC actively processed referral to the network.

## MTF ENROLLEE CARE REFERRALS TO NETWORK

Referral_Ind	MedSurg						
Urgent_Ind	Routine						
Req_MTF_Name	NELLIS AFB						
<b>Top Ten Med Surg Referrals</b>							
	Care Rendered	Data					
	Referral/Claim Match		Not Executed		Total # of Referrals		
<b>Servicing Specialty</b>	<b># of Referrals</b>	<b>% of Referrals</b>	<b># of Referrals</b>	<b>% of Referrals</b>			
Gastroenterology	174	59.4%	119	40.6%	293		
Neurology	113	72.0%	44	28.0%	157		
Physical Therapy	82	59.9%	55	40.1%	137		
Otolaryngology- Otolary & Neurotology	104	78.2%	29	21.8%	133		
Group Practice	97	75.8%	31	24.2%	128		
Primary Care Specialist	76	64.4%	42	35.6%	118		
Orthopedic Surgery	69	76.7%	21	23.3%	90		
Rheumatology	49	69.0%	22	31.0%	71		
Ophthalmology	46	78.0%	13	22.0%	59		
Neurological Surgery	44	80.0%	11	20.0%	55		
<b>Grand Total</b>	<b>854</b>	<b>68.8%</b>	<b>387</b>	<b>31.2%</b>	<b>1,241</b>		

Referral_Ind	BH						
Urgent_Ind	Routine						
Req_MTF_Name	NELLIS AFB						
<b>Behavioral Health Referrals</b>							
	Care Rendered	Data					
	Referral/Claim Match		Not Executed		Total # of Referrals		
<b>Servicing Specialty</b>	<b># of Referrals</b>	<b>% of Referrals</b>	<b># of Referrals</b>	<b>% of Referrals</b>			
Psychiatry	18	50.0%	18	50.0%	36		
Psychology	10	47.6%	11	52.4%	21		
Mental Health Counselor	3	75.0%	1	25.0%	4		
Primary Care Specialist		0.0%	1	100.0%	1		
<b>Grand Total</b>	<b>31</b>	<b>50.0%</b>	<b>31</b>	<b>50.0%</b>	<b>62</b>		

The above data is a snapshot in time and represents referrals created between Jul-Sep 2009. To determine if there was a service on a referral, referrals were matched up to claims with at least a 3 month lag following the month the referral was created. Care not rendered may be due to the fact that a claim has not yet been submitted, because the patient got care in the direct care system, or the patient didn't use the referral.

The days to access care was then calculated based on comparing the referral create date and/or the first date of service from claims.

The first 8 behavioral health (BH) visits do not require a referral per TMA policy. Therefore, BH referrals do not account for all BH visits. TriWest provides this report monthly on the Government Web Portal.

## MTF ENROLLEE DAYS TO CARE

Care Rendered	Yes										
Urgent_Ind	Routine										
Referral_Ind	MedSurg										
Req_MTF_Name	NELLIS AFB										
<b>Top Ten MedSurg Referrals</b>											
	Days to Care2	Data									
	< 0 Days		0 - 28 Days		29 - 60 Days		61 - 90 Days		> 90 Days		Total # of Referrals
<b>Servicing Specialty</b>	<b># of Referrals</b>	<b>% of Referrals</b>	<b># of Referrals</b>	<b>% of Referrals</b>	<b># of Referrals</b>	<b>% of Referrals</b>	<b># of Referrals</b>	<b>% of Referrals</b>	<b># of Referrals</b>	<b>% of Referrals</b>	
Gastroenterology	1	0.6%	105	60.3%	56	32.2%	11	6.3%	1	0.6%	174
Group Practice	3	3.1%	82	84.5%	9	9.3%	3	3.1%		0.0%	97
Neurological Surgery		0.0%	19	43.2%	22	50.0%	3	6.8%		0.0%	44
Neurology		0.0%	86	76.1%	23	20.4%	4	3.5%		0.0%	113
Ophthalmology	2	4.3%	23	50.0%	14	30.4%	7	15.2%		0.0%	46
Orthopedic Surgery	1	1.4%	56	81.2%	12	17.4%		0.0%		0.0%	69
Physical Therapy	2	2.4%	68	82.9%	11	13.4%	1	1.2%		0.0%	82
Primary Care Specialist		0.0%	43	56.6%	26	34.2%	6	7.9%	1	1.3%	76
Rheumatology	1	2.0%	29	59.2%	17	34.7%	1	2.0%	1	2.0%	49
Otolaryngology- Otolary & Neurotology		0.0%	70	67.3%	28	26.9%	5	4.8%	1	1.0%	104
<b>Grand Total</b>	<b>10</b>	<b>1.2%</b>	<b>581</b>	<b>68.0%</b>	<b>218</b>	<b>25.5%</b>	<b>41</b>	<b>4.8%</b>	<b>4</b>	<b>0.5%</b>	<b>854</b>



Care Rendered	Yes									
Urgent_Ind	Routine									
Referral_Ind	BH									
Req_MTF_Name	NELLIS AFB									
<b>Behavioral Health Referrals</b>										
Days to Care2 Data										
< 0 Days		0 - 28 Days		29 - 60 Days		61 - 90 Days		Total # of Referrals		
Servicing Specialty	# of Referrals	% of Referrals	# of Referrals	% of Referrals	# of Referrals	% of Referrals	# of Referrals	% of Referrals		
Mental Health Counselor	1	33.3%	1	33.3%		0.0%	1	33.3%		3
Psychiatry	3	16.7%	10	55.6%	4	22.2%	1	5.6%		18
Psychology	1	10.0%	6	60.0%	2	20.0%	1	10.0%		10
<b>Grand Total</b>	<b>5</b>	<b>16.1%</b>	<b>17</b>	<b>54.8%</b>	<b>6</b>	<b>19.4%</b>	<b>3</b>	<b>9.7%</b>		<b>31</b>

Access to care is based on referrals that have a matching claim with the days to care based on comparing the referral create date and/or the first date of service from claims. Allowed at least a three month lag after a referral was created to allow time for claims processing to provide the first date of service. This lessens the chance of underestimating the days to care. It is unknown if the beneficiary accepted the first available appointment offered due to convenience. The referrals in the above table are only for non-urgent/non-emergent. TRICARE Prime beneficiaries must have an appointment with an appropriately trained provider within four weeks (i.e. 28 days). The first 8 behavioral health (BH) visits do not require a referral per TMA policy. Therefore, BH referrals do not account for all BH visits. TriWest provides this report monthly on the Government Web Portal.

DRIVE TIME REPORT (IN MINUTES) FOR THE PRIME SERVICE AREA <sup>1</sup>											
TOP 10 SPECIALTIES (BASED ON NUMBER OF REFERRALS)											
Specialty	0-30 Minutes		31-60 Minutes		61-90 Minutes		91-120 Minutes		>120 Minutes		Total # of Referrals
	# of Referrals	% of Referrals	# of Referrals	% of Referrals	# of Referrals	% of Referrals	# of Referrals	% of Referrals	# of Referrals	% of Referrals	
Physical Therapy	395	91.2%	35	8.1%	3	0.7%		0.0%		0.0%	433
Gastroenterology	292	81.3%	65	18.1%	1	0.3%	1	0.3%		0.0%	359
Primary Care Specialties (2)	111	78.7%	29	20.6%	1	0.7%		0.0%		0.0%	141
Orthopedic Surgery	75	68.8%	33	30.3%	1	0.9%		0.0%		0.0%	109
Psychiatry	66	66.0%	32	32.0%	2	2.0%		0.0%		0.0%	100
Neurology	85	85.9%	13	13.1%	1	1.0%		0.0%		0.0%	99
Ophthalmology	61	70.9%	24	27.9%		0.0%		0.0%	1	1.2%	86
General Surgery	56	86.2%	8	12.3%	1	1.5%		0.0%		0.0%	65
Speech Therapy	48	81.4%	10	16.9%	1	1.7%		0.0%		0.0%	59
Rheumatology	39	69.6%	17	30.4%		0.0%		0.0%		0.0%	56
Endocrinology	48	85.7%	8	14.3%		0.0%		0.0%		0.0%	56
<b>Grand Total</b>	<b>1,276</b>	<b>81.6%</b>	<b>274</b>	<b>17.5%</b>	<b>11</b>	<b>0.7%</b>	<b>1</b>	<b>0.1%</b>	<b>1</b>	<b>0.1%</b>	<b>1,563</b>

<sup>1</sup> Drive Time Report reported by MCSC on a quarterly basis using referrals data. Drive time is derived from each beneficiary's address to the providers' office address. Only referrals from MTFs were used because of the practical limitation of calculating all of the times. It is assumed that drive time statistics for other types of referrals are similar. Driving distances over 200 miles were excluded to minimize referrals to out of region providers or the chance that the beneficiaries' DEERS address may be out of date. Also excluded referrals where the beneficiaries' addresses are a P.O. Box which would give inaccurate results. According to HA Policy 06-007: for Routine Care and Wellness and Health Promotion Services, TRICARE Prime beneficiaries must have an appointment with an appropriately trained provider within 30 minutes travel time from the beneficiary's residence; for Specialty Care Services, TRICARE Prime beneficiaries must have an appointment with an appropriately trained provider within one hour travel time from the beneficiary's residence.

<sup>2</sup> Primary Care Specialties include Internists, Family/General Practitioners, Pediatricians, Physician Assistants, and Nurse Practitioners.

## NETWORK ENROLLEE CARE RIGHT OF FIRST REFUSAL

DMIS Area	0079 NELLIS A						
Enrolled DMIS	(Multiple Iter						
URGENT_IND	N						
Count of TAU_REFERENCE_NUMBER NOTE							
SPECIALTY	Accepted	Active Decline	Declined Not Specified	Not Appropriate	Passive Decline	Grand Total	
Internal Medicine- Cardiovascular Disease	11	2	1		1	15	
Internal Medicine- Gastroenterology	2	2		2	2	8	
Multi-Specialty	36	28	8	1	10	83	
Obstetrics & Gynecology	22	5	2	1	1	31	
Ophthalmology	15	4	1	2		22	
Orthopaedic Surgery	4	4			1	9	
Otolaryngology	9	4	1			14	
Physical Therapist	1	7	1		1	10	
Psychiatry & Neurology- Neurology	7	2		1	1	11	
Urology	6	2	1	1	1	11	
<b>Grand Total</b>	<b>113</b>	<b>60</b>	<b>15</b>	<b>8</b>	<b>18</b>	<b>214</b>	

Right of First Refusal (ROFR) reports are a contractually required report received by the individual MTF for their site only and the TRO-W for all MTFs in the West Region. TriWest provides this report monthly on the Government Web Portal. The ROFR report show how many referrals were accepted or declined by the nearest MTF for care. The above table shows the Top Ten Provider Specialties for non-urgent referrals of Network Enrollees that were ROFR'd to 99<sup>th</sup> Med Group-Nellis during FY10Q1.

Accepted: MTF accepted the referral within the 24 hours for routine care.

Active Decline: MTF declined the referral within the 24 hours for routine care.

Declined Not Specified: MTF declined either passively or actively, but MCSC did not correctly enter the resolution of the ROFR for the system to identify.

Not Appropriate: A referral was sent for review that did not meet the criteria for ROFR, or the ROFR process was used incorrectly.

Passive Decline: MTF did not accept or reject the referral within the 24 hours for routine care and the MCSC actively processed referral to the network.



## NETWORK ENROLLEE CARE REFERRALS TO NETWORK

Referral_Ind	MedSurg					
Urgent_Ind	Routine					
TriWest Market	Southwest					
<b>Top Ten MedSurg Referrals (including TPR)</b>						
	Care Rendered	Data				
	Referral/Claim Match					
Servicing Specialty	# of Referrals	% of Referrals	Not Executed # of Referrals	% of Referrals	Total # of Referrals	
Group Practice	4,496	65.5%	2,363	34.5%	6,859	
Obstetrics & Gynecology	3,041	88.9%	380	11.1%	3,421	
Orthopedic Surgery	2,431	87.7%	341	12.3%	2,772	
Dermatology	2,294	85.8%	379	14.2%	2,673	
Hospital	2,196	88.9%	273	11.1%	2,469	
Gastroenterology	1,942	86.8%	296	13.2%	2,238	
Ophthalmology	1,896	85.8%	314	14.2%	2,210	
Primary Care Specialist	1,625	86.0%	264	14.0%	1,889	
Otorhinolaryngology	1,361	86.6%	210	13.4%	1,571	
Cardiology	1,269	89.6%	148	10.4%	1,417	
<b>Grand Total</b>	<b>22,551</b>	<b>81.9%</b>	<b>4,968</b>	<b>18.1%</b>	<b>27,519</b>	

Referral_Ind	BH					
Urgent_Ind	Routine					
TriWest Market	Southwest					
<b>Behavioral Health Referrals (including TPR)</b>						
	Care Rendered	Data				
	Referral/Claim Match					
Servicing Specialty	# of Referrals	% of Referrals	Not Executed # of Referrals	% of Referrals	Total # of Referrals	
Mental Health Counselor	712	93.2%	52	6.8%	764	
Psychology	572	87.3%	83	12.7%	655	
Psychiatry	303	85.1%	53	14.9%	356	
Hospital	11	100.0%		0.0%	11	
Group Practice	3	75.0%	1	25.0%	4	
Primary Care Specialist	3	100.0%		0.0%	3	
Neurology	2	100.0%		0.0%	2	
<b>Grand Total</b>	<b>1,606</b>	<b>89.5%</b>	<b>189</b>	<b>10.5%</b>	<b>1,795</b>	

The referrals for network enrollees are for those enrolled to DMIS ID 6919 (including TRICARE Prime Remote) in a particular Market Area. To determine if there was a service on a referral, referrals were matched to claims within 3 months following the month the referral was created. Care not rendered may be due to the fact that a claim has not yet been submitted, because the patient got care in the direct care system, or the patient didn't use the referral. The days to access care was then calculated based on comparing the referral create date and/or the first date of service from claims. The referrals in the above table are only for Routine care-not Urgent or Emergent. The first 8 behavioral health (BH) visits do not require a referral per TMA policy. Therefore, BH referrals do not account for all BH visits.

NETWORK ENROLLEE CARE DAYS TO CARE	
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Referral_Ind	MedSurg												
TriWest Market	Southwest												
Top Ten MedSurg Referrals (including TPR)													
Days to Care2 Data													Total # of Referrals
Servicing Specialty	< 0 Days		0 - 28 Days		29 - 60 Days		61 - 90 Days		> 90 Days				
	# of Referrals	% of Referrals	# of Referrals	% of Referrals	# of Referrals	% of Referrals	# of Referrals	% of Referrals	# of Referrals	% of Referrals			
Group Practice	666	14.8%	3,295	73.3%	424	9.4%	83	1.8%	28	0.6%			4,496
Obstetrics & Gynecology	976	32.1%	1,693	55.7%	313	10.3%	48	1.6%	11	0.4%			3,041
Orthopedic Surgery	532	21.9%	1,575	64.8%	265	10.9%	49	2.0%	10	0.4%			2,431
Dermatology	605	26.4%	1,198	52.2%	382	16.7%	84	3.7%	25	1.1%			2,294
Hospital	791	36.0%	1,165	53.1%	188	8.6%	42	1.9%	10	0.5%			2,196
Gastroenterology	612	31.5%	1,067	54.9%	209	10.8%	47	2.4%	7	0.4%			1,942
Ophthalmology	343	18.1%	1,179	62.2%	291	15.3%	69	3.6%	14	0.7%			1,896
Primary Care Specialist	426	26.2%	982	60.4%	160	9.8%	45	2.8%	12	0.7%			1,625
Otorhinolaryngology	361	26.5%	815	59.9%	147	10.8%	29	2.1%	9	0.7%			1,361
Cardiology	284	22.4%	850	67.0%	105	8.3%	30	2.4%		0.0%			1,269
Grand Total	5,596	24.8%	13,819	61.3%	2,484	11.0%	526	2.3%	126	0.6%			22,551

[illegible]

The referrals for network enrollees are for those enrolled to DMIS ID 6919 (including TRICARE Prime Remote) in a particular Market Area. Access to care is based on referrals that have a matching claim with the days to care based on comparing the referral create date and/or the first date of service from claims. It is unknown if the beneficiary accepted the first available appointment offered due to convenience.

The referrals in the above table are only for Routine care-not Urgent or Emergent.

The first 8 behavioral health (BH) visits do not require a referral per TMA policy. Therefore, BH referrals do not account for all BH visits.

The first 8 behavioral health (BH) visits do not require a referral per TMA policy.

The first 6 behavioral health (BH) visits do not require a referral per state policy. Therefore, BH referrals do not account for an BH visit.

OPTIMIZATION EFFORTS	
1. <b>Streamline Data Collection:</b>	Implement automated data collection tools to reduce manual entry and ensure data accuracy.
2. <b>Optimize Data Storage:</b>	Use cloud storage solutions to scale storage capacity and improve data accessibility.
3. <b>Improve Data Processing:</b>	Utilize distributed computing frameworks to process large datasets efficiently.
4. <b>Enhance Data Security:</b>	Implement robust encryption and access control mechanisms to protect sensitive data.
5. <b>Optimize Data Retrieval:</b>	Use indexing and caching techniques to speed up data retrieval operations.
6. <b>Monitor Performance:</b>	Implement real-time monitoring and alerting systems to track system performance and identify bottlenecks.
7. <b>Regular Updates:</b>	Keep software and hardware components up-to-date to leverage the latest performance improvements.
8. <b>Collaborate with Experts:</b>	Engage with data optimization experts and consultants for specialized advice and solutions.
9. <b>Document Changes:</b>	Maintain a detailed log of all optimization efforts and their results for future reference.
10. <b>Continuous Improvement:</b>	Regularly review and refine optimization strategies based on changing requirements and performance metrics.

**Last Optimization Visit:** Jul 28-30, 2009

**Top Recommendation(s):** Assisting with analysis in order to bring in over 65 care to optimize the GME programs

<b><u>Initiatives/Pilots:</u></b>	
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**Military Health System Support Initiatives (MHSSIs):**

**Resource Sharing:**

Clinical Support Agreements (CSA) -0

External Resource Sharing Agreements (ERSA) -2 (In-active)

DoD/VA Joint Incentive Fund (JIF) Projects: 0
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\*Under Review – FY10 Dialysis and Sleep Lab

**Percent of Appts Where Patient Saw PCM – 33.67%**

**Percent of Appts Where Patient Saw PCM or PCM Team – 88.52%**

As of Dec 2009 <http://mytoc.tma.osd.mil/pcmpercentageoftime.html>